



PATIENT

Socrates Bryla

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

7

WEIGHT

8 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Byron Cabrera

HOSPITAL NAME

All Creatures Great &
Small Denville

REFERRING VET

Dr. Silas Ashmore

INVOICE

72471

DATE

1/26/26

PRESENTING CLINICAL SIGNS

Lethargic. Anorexia. Palpable mass in cranial abdomen. Abdominal pain

Abnormal PE/Chem/CBC/UA Results: Xray: Visible mass in cranial abdomen and suspicious ascites.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Left kidney measured 3.7 cm. Right kidney measured 3.9 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. Left adrenal gland measured 0.36 cm.

The right adrenal gland was not definitively visualized.

Spleen

The spleen measured 0.61 cm in width at the level of the mid spleen. It exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized debris. No evidence of wall edema. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The visualized segments of definitive small intestine exhibited intact wall layering with overall maintained wall layer ratio. Primarily empty intestinal lumen with mild segmental non-obstructive ileus. Small intestinal wall measures 0.20 cm.



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The visualized descending colon adjacent to the left kidney exhibited empty lumen, prohibiting full evaluation of the colon wall. Subjective mildly thickened descending colon wall exhibiting intact to indistinct mural detail.

Pancreas

The pancreas was indistinctly visualized owing to increased peripancreatic omental artifact. The left pancreas exhibited subjective normal to mildly prominent size with mild capsule asymmetry and non-homogeneous, hypoechoic parenchyma.

Free Abdomen

An indistinctly visualized, unspecified mid abdominal mass was present in two videos, exhibiting non-homogeneous, hypoechoic parenchyma and measuring approximately 2.0 cm in diameter. Generalized non-homogeneous, indistinctly nodular mesentery and moderate volume echogenic peritoneal effusion noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate volume echogenic peritoneal effusion and generalized non-homogeneous, indistinctly nodular omentum.
- Unspecified mid abdominal mass lesion – Small intestinal or other, possible lymphadenopathy.
- Non-congested liver.
- Sonographically normal spleen.
- Intact visualized gastrointestinal wall with mild segmental non-obstructive intestinal ileus and subjective thickened, empty descending colon.
- Mildly non-homogeneous, hypoechoic to prominent left pancreas – Mild inflammation or edema.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without evidence of hepatic congestion, and assuming normal albumin levels, non-specific peritonitis, FIP, or favored neoplasia such as carcinomatosis, lymphomatosis or similar, given unspecified mid abdominal mass and non-homogeneous, indistinctly nodular omentum, are all potentials. Further assessment may include (assuming normal clotting status), effusion analysis, cytology +/- culture and sensitivity if evidence of inflammatory component and FIP titers/PCR. Concurrent FNA cytology of unspecified mass could also be considered.

Sonographically, and if present, the degree of pancreatitis is not overtly suspected to be a primary clinical player.



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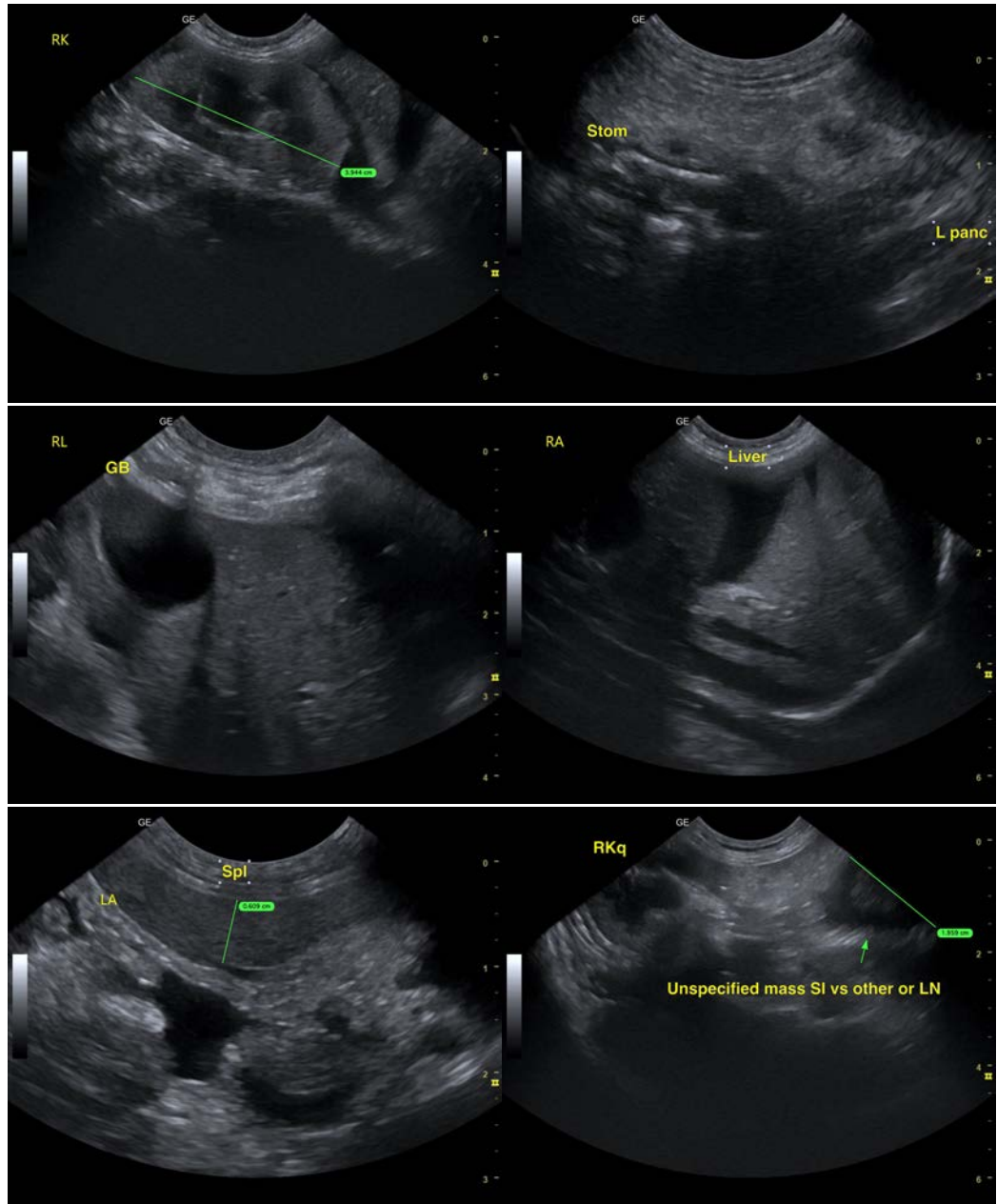
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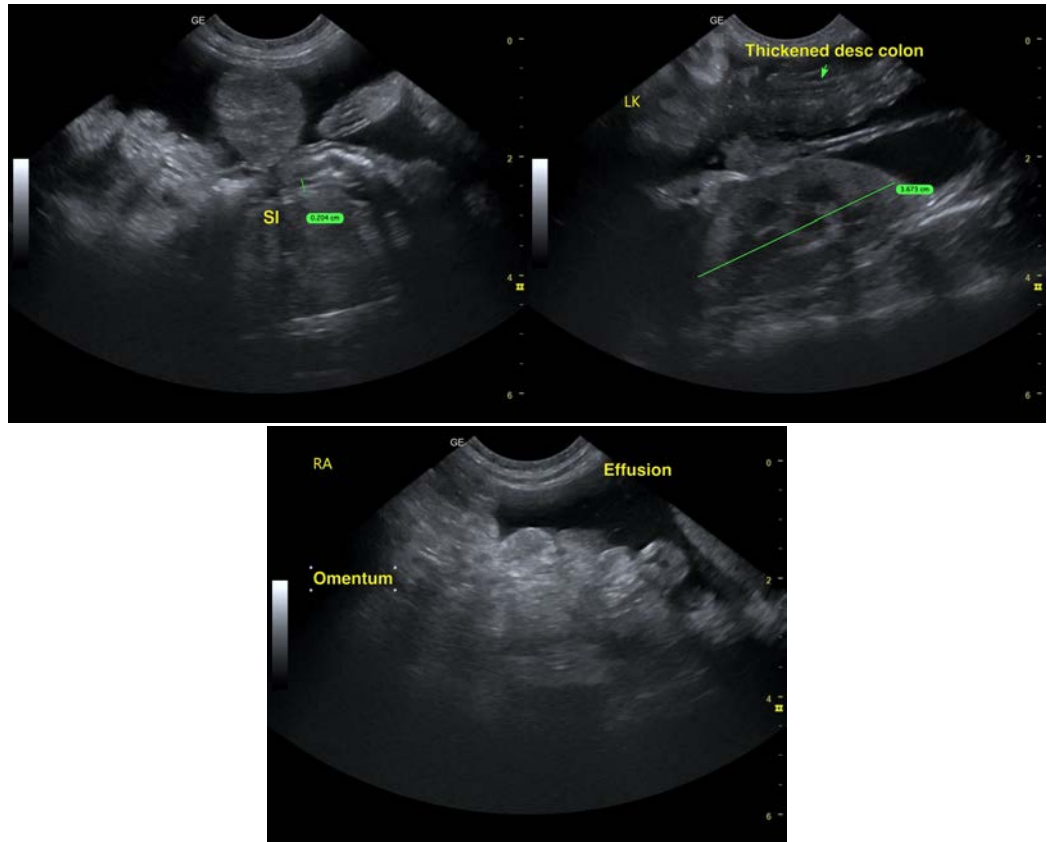
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com